Vol. XXVI TORONTO, CANADA, OCTOBER, 1924 No. 4

The Official Organ of the Provincial Hospital Associations

The HOSPITAL MEDICAL and NURSING WORLD

CONTINUING THE HOSPITAL WORLD

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Contents.

EDITORIAL

Page

The Diet 109
The Royal Victoria Hospital 111
Economy in Lighting 112

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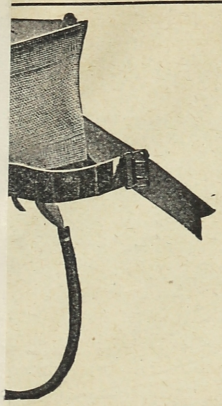
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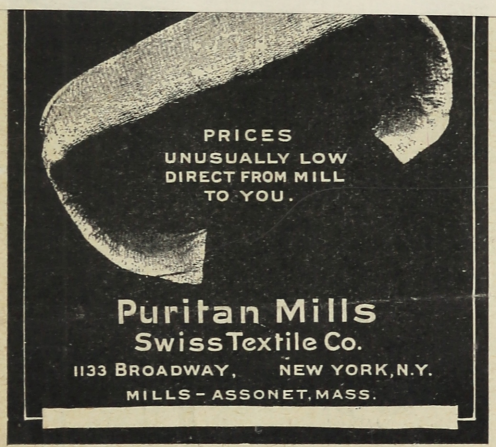
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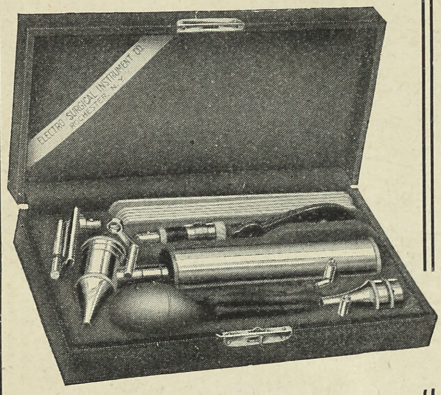
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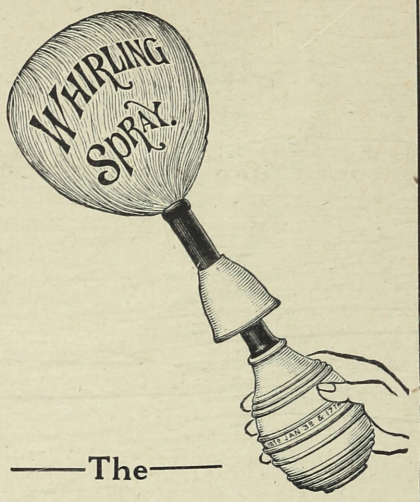
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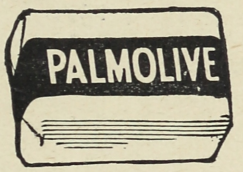
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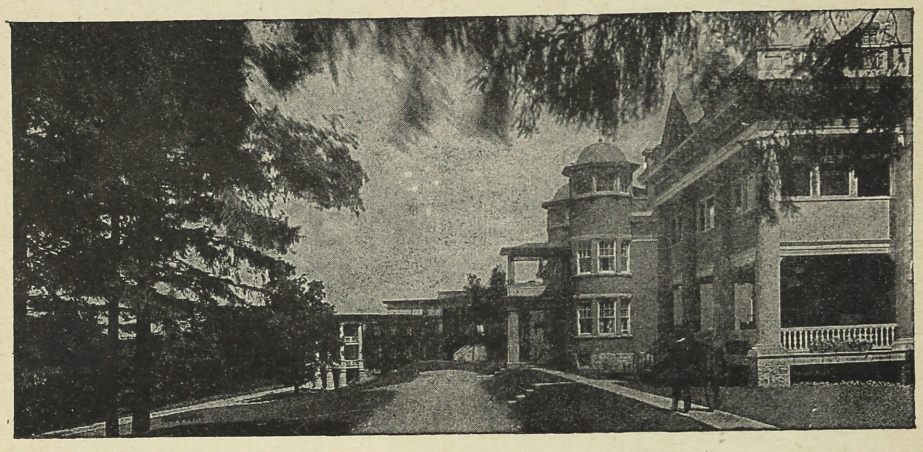
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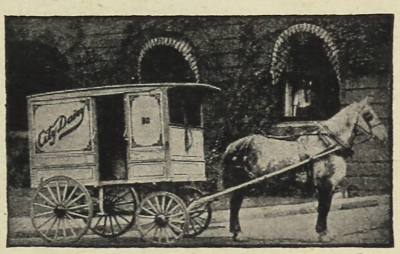
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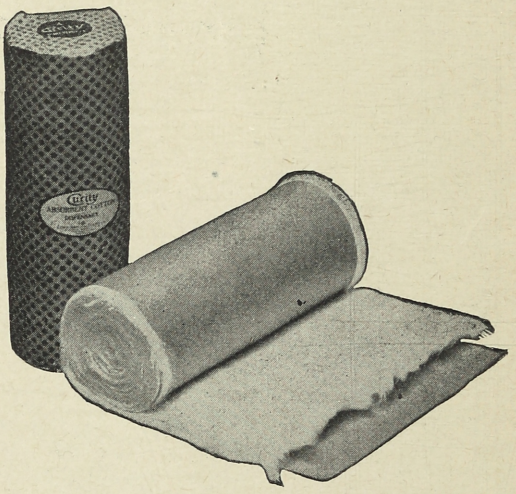
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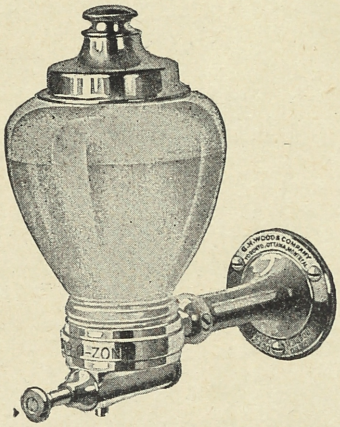
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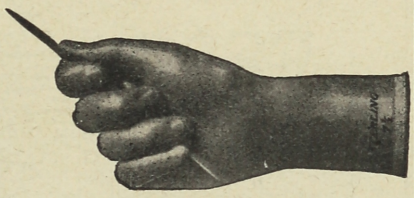
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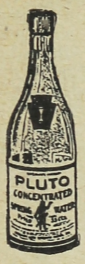
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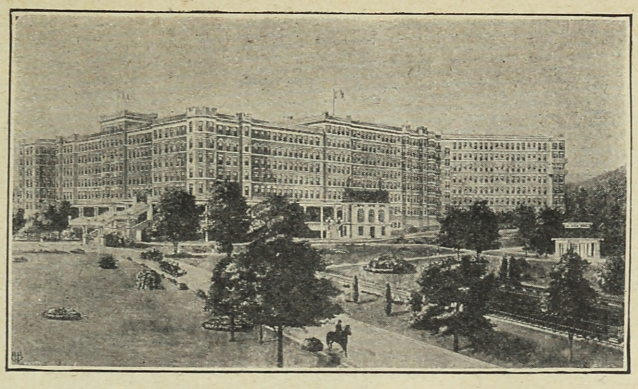
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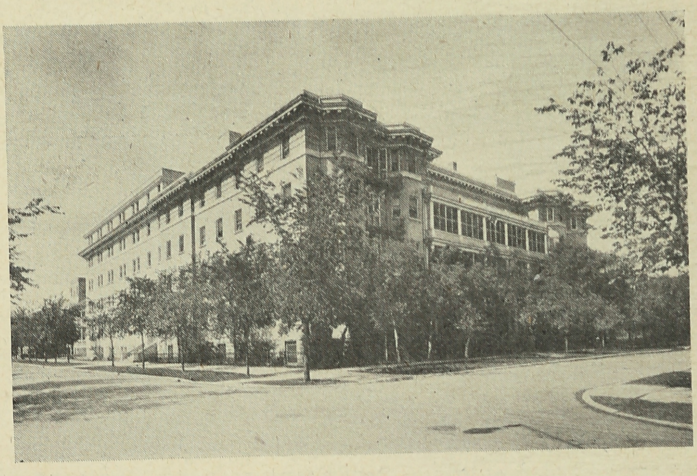
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THE HOSPITAL, MEDICAL AND NURSING WORLD
TORONTO, CANADA

A professional journal published in the interests of Hospitals, and the Medical and Nursing Professions.

VOL. XXVI TORONTO, OCTOBER, 1924 No. 4

Editorial

The Diet

At one of the conferences of the American Hospital Association, Joslin, of Boston, discussed the hospital dietary. Food, he says, should be abundant, plain, simply prepared, inexpensive, not susceptible to waste and made easily digestible. An erroneous impression prevails that food should be excessively simple or softly solid to be digestible. Any suitably cooked food is well borne, as proven by the absence of indigestion among diabetics under forced feeding or low diet.

Stews and boiled meats are good, though these should not be exposed too long to the fire lest their vitaminic content be destroyed. Such foods do not require good teeth (which many patients lack) and they can be kept moist and hot much more easily than roasts, can be served with vegetables and simple condiments, and may take the place of soups, thus lessening the waste in cooking and serving.

Dr. Joslin deprecates thin broths. They should be thickened.

Naturally coast cities will utilize fish to the full extent.

Early light suppers of hospitals are good for patients, especially the cardiac patients.

The increased use of fruit is to be commended.

Only one white vegetable is served at a meal. Potato, rice or macaroni is invariably combined with one of the courses, or green vegetables. Cabbage might be more freely used, especially in surgical cases. It should be cooked with a touch of fat and in its own steam. Add two ounces of rice and a gill of water, cook twenty minutes and place a poached egg in a depression in the surface of the cabbage and one has an excellent result.

Bananas with sugar and milk or cream are worth a trial. Ripe olives in bulk are not over expensive.

Joslin maintains that *the hospital diet, more than rest, constitutes the chief therapeutic agent* for the patients' recovery.

"Special diets" are the bane of the hospital dietitian's existence, writes Joslin. Each succeeding group of physicians devises a new "special diet." Such originality should be discouraged. These diets differ so slightly that much labor might be saved if yearly they were revised by common agreement of the medical and surgical staffs. It appears as if the standard special diet were passing and individualistic prescribing superseding it.

The size, age, and special requirements of each patient must be considered. Almost any modern nurse ought to be able to put mental as well as physical energy into the selection and serving of her patients' dinner.

Most complaints respecting hospital food relate to methods of serving. These would vanish if Dr. Herbert Howard's dictum: "Let the 'hots' be hot and the 'colds' be cold," were followed. But even hot well-cooked roast beef provokes no favorable re-

sponse if served dry. Not only quantity and quality, but method of serving, causes criticism. Dainty methods of service mean much, especially to private ward patients.

The Royal Victoria Hospital

This great Canadian Hospital in Montreal has passed its thirtieth milestone. We regret to learn of the recent illness of its superintendent, Mr. H. E. Webster, who for so many years has guided its destinies. His board of trustees have provided an assistant in the person of H. G. Baxter who will take over some of Mr. Webster's responsibilities.

Mr. Baxter is of Scottish birth, hailing from Glasgow, in whose university he was trained as a chemist. For some years Mr. Baxter followed the sea and lived in various climes, finally settling in Toronto, where he spent several faithful years in the dispensing department of the General Hospital. He was then employed clerically in the offices of the Toronto Street Railway Company, working up to a superintendency, acceptably filling same for several years. He did his bit as a commissioned officer in the Great War. Returning, he assumed his old position with the Toronto Transportation Company, retaining his job until called to the Royal Victoria, where he is at this writing happily installed.

The Royal Victoria treated nearly 10,000 in-patients last year with an average day's stay of 160. The mortality rate was 3.27 per cent., after deducting patients who died within forty-eight hours of admission. Over 50,000 patients were handled in the out-door department.

Housing accommodation for the personnel is taxed to the utmost.

A Dominion Organization

We have received from that progressive Western hospital worker, Dr. W. R. Bow, superintendent of the General Hospital, Regina, a questionnaire. The following replies made by us to him will indicate what his questions were:

1. THE HOSPITAL WORLD would favor the formation of a National Hospital organization for the consideration of Canadian hospital problems. Its meetings might be held yearly, concurrently with the meetings of one of the Provincial Associations. It might be composed of delegates appointed by the provincial bodies or of their several executive committees.

2. We do not think the American Hospital Association could take the place of a Dominion Hospital Association.

3. We shall be pleased to assist actively in the formation of a Dominion organization.

4. We would suggest that the initial meeting for the consideration of the establishment of such a national body of hospital workers be held at Toronto during the time in which the Canadian National Exhibition is held.

Economy in Lighting

A saving may be effected in the electric light bill by several means. There should not be more lamps in the wards (or anywhere else) than are needed. They should not be turned on sooner than is required; and only those should be turned on in the part of the ward where needed. They should be turned off immediately when not further required. Workers around hospitals who need artificial lighting to carry on should keep constantly in mind that

electricity runs rapidly into money. Lamps of the high-low style may be turned low in places requiring a constant amount of light, sufficient, say, to find one's way about in bathrooms, closets, toilets, etc., or a special bulb giving a small candle-power light may be installed on one of the fixtures.

Copies of the amounts of electric light bills with the comparative amounts used daily or weekly should be presented to all nurses, orderlies or cleaners who manipulate the light buttons. These records may be compared or contrasted with those of the personnel working in other divisions. This custom will give them food for thought. And if these hospital employees are conscientious, thrifty, and have the good of the institution at heart much saving will be effected.

Bulbs of 15-candle power will be sufficient for corridors, bathrooms, utility rooms and the like. Indeed, an Old Country periodical recommends these for nurses' bedrooms. Stronger ones, we think, should be provided if nurses are to read in their bedrooms. There are some people who suggest that nurses be encouraged to use the sitting-rooms until 10 p.m., and all Home lights to be out by 10.30.

Notices are used in some institutions, requesting all and sundry to be careful in the use of lights.

The Hospital, Medical, and Nursing World

(Continuing the Hospital World)

Toronto, Canada

The official organ of The Provincial Hospital Associations

Editors:

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ACCOUNTING IN HOSPITALS OF ENGLAND

Major J. W. Pearce, Corps of Military Accountants, Fellow of the Chartered Institute of Secretaries, Formerly General Superintendent and Secretary of Birmingham and Midland Eye Hospital, Birmingham, England.

I propose to exclude from consideration all rents, rates and taxes, and extraordinary expenditures, and apply myself solely to those items of expense which are common to all hospitals, whatever their type and whatever endorsements they may possess.

At present the charge of maintenance for provisions is the amount of purchases. Opening and ending stocks is disregarded. The first step towards true costings will be to ascertain stock in hand. Records will be kept of all receipts from contractors (or by gift), and of all issues, either direct to wards or to the kitchens. These records, which will be kept in the steward's stores, will show quantities only. The prices will be in the secretary's office. Issues from patients will be kept distinct from issues to the staff, while the former can be further dissected to show issues to individual wards. The taking of closing stocks becomes a simple matter, for, unless there has been any pilfering, the balance shown in your records will agree with the quantities on your shelves.

With domestic stores the procedure is not so simple, and calls for greater care and detail. It would be obviously unfair to charge wards with the gross cost of issues of furniture, bedding and linen, etc., for at no time, save on the opening of a brand new hospital, would all beds be equipped with stores of equal value. Even were that so, the wear and tear could never be uniform, for it would invariably be found that surgical wards expend more than do medical wards. The difficulty is not great, however, for personal experience can quite readily be drawn upon in order to arrive at a fair rate of depreciation, and this can be charged and the present method of debiting maintenance with the cost of replacement of depleted stores brought to an end.

Breakage of hardware, crockery, etc., can be ascertained with accuracy by means of breakage certificates signed by the head of each ward or department. To make a rule that no replacements would be made without the presentation of such a certificate would, I think, have an effect on the most careless members of the hospital staff, whether a costing system existed or not.

Issues of cleaning materials and chandlery can, with ease, be recorded, and no difficulties need be apprehended in regard to the proper distribution of expenses under this head.

To secure a proper record of consumption of fuel, light and water, and its allocations over departments, will present a certain amount of difficulty where central heating exists, and subsidiary light and water meters are lacking. But, at least, it is not a difficult matter to differentiate between consumption in wards and consumption in general quarters. In hospitals possessing little or no central heating, but using open fires, a record of issues of fuel is simple. Personally, I do not favor a flat rate of issue per cubic capacity of rooms, for it will probably be found that the issuable quantity will be burned, whether it is needed or not, and if such rates are charged against wards, the economical and careful sister is placed on the same footing as the careless one.

Where a complete system of central heating exists, and, as I have found at several large war hospitals, steam power is also used for generating electric current and supplying laundries and bakeries as well as heating wards and departments, and providing hot water, the problem becomes much more difficult. In such cases it is, undoubtedly, best to look upon the boiler house as a distinct department, charging that department with all labor and materials, repairs and depreciation of plant and machinery, building, etc., and to distribute the gross cost over the departments served. I would go so far as to include in the "boiler house" the circuit of pipes, etc., necessary to convey water and steam and bring into the boiler-house account the cost of renewals and repairs to pipes, for obviously, it is impossible to charge such items of expense against any individual ward or department. The basis of distribution of the gross cost can, it will be found, be fairly equitably settled on consultation with the chief engineer, while the capital outlay involved in the erection and equipment of the boiler house can be used as the basis for fixing depreciation.

And in arriving at a charge against the departments concerned with the treatment of patients, you will have built up an account which will serve as a check on excessive outlay in the conduct of the mechanical side of the hospital's equipment, and see for yourselves whether the heavy cost incurred in its installation is justified or not.

So far as light and water provided by company or corporation mains are concerned, I advocate very strongly the introduction of subsidiary meters in order to check consumption per ward or department.

Allocating Laundry Tubs.

To allocate laundry costs where all washing is executed by contractors is an easy matter, for all that will be required will be a return from each ward of the quantity of foul linen sent to the wash. I would mention here that the amount to be charged in your cost accounts is the cost of washing the dirty linen sent, and not the amount of the bill for clean linen returned in any given period. At hospitals possessing their own laundries it will be necessary to prepare a cost account for that department, and to distribute its gross cost. The practice of dividing this gross cost by the number of articles washed, in order to arrive at the cost per article, should, if it still exists, cease, and a unit—say a blanket—be decided upon, and all other articles valued from that unit. Let me give you an example: If a blanket be given the numerical value of 1, a sheet may be deemed .75, and a face towel .10. The actual unit values of the weekly wash can then be easily secured, and the laundry costs equitably distributed.

The cost of uniforms should be charged to the maintenance of staff and, with other items of expense incidental to hospital staffs, brought back ultimately as a charge against the wards and departments in which they serve.

To arrive at the actual outlay in medical and surgical stores also calls for a more detailed system of accounting than at present exists, and though it may not be an easy matter to arrange for a stocktaking on a given day, it is, nevertheless, a comparatively simple matter to organize a system of ward books whereby actual issues may be recorded at the time the issue takes place. Your present form of accounts gives five sub-heads, but for internal costings I would advocate a more detailed analysis in order that the consumption of lint, wool, gauze, bandages, anesthetics, spirit, etc., may be ascertained. To obtain value for stock and other mixtures will call for a certain amount of clerical work by dispensing staffs, but as most hospitals have their own pharmacopeia, and put up their mixtures, etc., in bottles and containers of a certain size, it will not be found a matter of much difficulty to assess the value of say, a Winchester of medicine whether the strength be 1 in 7 or 1 in 3, and that whatever dilution may take place on issue to a ward or a patient, the allocation of the gross cost can be made with ease. As you will be charging your cost account with daily consumption, the actual debit to your annual maintenance will be available therefrom. A different procedure will be necessary in order to deal with instruments and appliances, but here a reasonable rate of depreciation can be used,

and wards and departments charged with a sum based on the capital value of the total equipment therein.

All establishment expenses (insurance, repairs, and renewals to buildings, and garden upkeep) can be dealt with by distributing same on the basis of floor space occupied by wards, etc.

If a system of costs accounts such as I have endeavored to put before you were in operation, it would be found that an account of all expenses directly incurred in the maintaining of staffs has been obtained, and that it will be, therefore, a simple matter to convert your fifth head of expense (salaries, wages, etc.) into a complete maintenance account of staff. I would urge division into three heads: medical, nurses, others.

A unit of cost—per man or per nurse per day—can then be obtained, and the total cost distributed over the wards and departments.

Methods of dealing with general items of expense, such as printing and stationery, postage, etc., can be similar to those I have already outlined in regard to other heads. But I would urge strict supervision of all issues—whatever their nature—and real attempts to allocate to specific departments every penny of cost. The result will be complete and accurate accounts of the costs incurred in running your hospitals based on the patients treated per day. All artificial attempts to apportion costs between in-patients and out-patients will become unnecessary, for actual allocation will have been made.

Not the Final Purpose of Accounts.

But this is not the final purpose of your cost accounts, nor is it the end of the records I would recommend. Your records always provide you with the total number of patients who have passed through your hospitals. It would be a simple matter to keep records of the numbers who have passed through each ward or department; the aggregate days' stay; the total number treated to a conclusion (by wards), and their average stay.

All hospitals have separate wards set aside for cases requiring surgical treatment and those needing the services of the physician. In some cases separate members of hospital staffs have separate wards allotted to them. Has any effort ever been made to ascertain the variations in cost in wards of a like nature in an individual hospital and wards of a similar type in other hospitals? I helped in the introduction of ward costings at two of the largest military hospitals in England. The accounts were framed to show medical wards, surgical wards, T. B. and heart case, etc. There was a marked

variation under every head of expense. We also asked for, and secured, records of the number of patients in surgical wards marked down for operation each day, and the number of operations actually performed. Yet all know how easy it is for a patient's stay to be unduly prolonged, because the surgeon is too busy or the patient's preparation has not been satisfactorily done. Other records were kept of radiographs taken, pathological and bacteriological tests per ward, and the cases sent for massage or receiving massage in wards. All costs of subsidiary departments are capable, with proper costings, of distribution over the wards and other departments served.

Cost of Subsidiary Department.

This, I am sure, is recognized by every one connected with hospitals, but I have looked in vain in the published reports of hospitals for any account of the expenses incurred in running these most suitable subsidiary departments. Do superintendents know what actual annual outlay is involved in running, say, an electro-therapeutic department? They can only know if a cost system be in operation.

Now, it is possible for two wards or hospitals to show the same total cost per finished product—the cured patient—and yet the cost of successive stages may vary to a remarkable degree. And again, two wards may show identical costs per occupied bed per day, but for the average stay to vary considerably.

All these comparisons will be worth while. Every fluctuation can be converted into terms of quantity, kind, time, conditions of material, and other expenses.

But it is not sufficient to introduce and work a system of costing. The results—if you are to get the fullest benefit from your system—must be available promptly. They must be examined and analyzed promptly, and an attempt made to get to grips with the "key-factors" which have influenced the results. Further, and equally important, the results must not reach the executive heads of hospitals and stop there. They must be available to every member of the staff, from the senior surgeon or physician down to the porters and the junior clerks, not necessarily in forms of account, but in easily understood charts or graphs.

I know of many instances in voluntary hospitals in which charts have been prepared showing the consumption of one commodity or another in the various wards, and have been assured by the secretaries concerned that the results have fully justified the procedure. Surely the extension of such a pro-

cedure and the inclusion of all items of cost will prove to be equally justified.

Will it pay? This is a question which will certainly be asked. Will the cost involved in setting up a costing system be justified by the results we can hope to attain? To give a satisfactory answer to this requires, first, an answer to the question—"What do you mean by results?"

What is the ultimate purpose of all hospitals? I take it that your chief aim is to treat and cure as many patients as possible in a minimum time, in order that they may be enabled to resume the task of earning their living and supporting those dependent upon them. For every day spent in hospital by reason of injury or disease, the individual and the nation suffers definite loss. While in hospital the bread-winner is on the industrial scrapheap, and therefore, in his interest and in the nation's interest, it is desirable that he should be able to take his place at the bench or in the factory with all possible speed.

For this to be secured, it will be necessary to provide greater accommodation than at present exists, and for hospitals to be in a position to avail themselves at a moment's notice of all the latest apparatus and other means of treatment. Under present conditions you can only obtain this increased accommodation and improved equipment by the generous aid of the charitably inclined. You cannot stand still, nor can you meet the present situation by lowering your standard of efficiency.

I do not claim that a cost system will be the key with which to open the purses of those who, in the past, have kept them closed against your appeals, but I do claim that a hospital which shows that it knows exactly how it stands from day to day, and in what direction it is expending its resources, can go with much greater confidence and sureness of success to those who ought to contribute, than it can if the only financial data it has to support its claims is based on an annual account which gives all-in costs, treatment and research intermingled.

System Brings Real Satisfaction.

But, apart from the advantageous position in which cost accounts will place you in your efforts to secure the support of the apathetic section of the public, you will reap for yourselves the very real satisfaction of knowing that the funds placed at your disposal have not only been expended to the best purpose, but that your method of accounts has enabled you to eliminate waste and to reveal excessive costs in different departments. You will be on the high road of efficiency combined with the

strictest economy; and, all the time, the work of your hospitals will be going forward, aided in a very real measure by the good will and co-operation of all your staff.—*Hospital Management.*

NURSING AND NURSING EDUCATION IN STATE HOSPITALS

Elisha H. Cohoon, M.D., Superintendent, Medfield State Hospital, Medfield, Mass.

The importance of the problem of caring for the insane can be appreciated to some extent if we stop to realize that in this country there are at the present time approximately 210,000 persons suffering from mental diseases being treated in state and large county hospitals. This means that from a financial and economic standpoint as well as from a humanitarian and charitable standpoint the care of the mentally ill is the greatest of all state health problems. About 34,000 persons are employed in these various state hospitals and approximately fifty per cent. or 17,000 employees are directly connected with the nursing part of the work.

That the general welfare of the mentally ill has been neglected is a fact the acknowledgment of which many of us regret. It is also strange, though true, that disease of the mind has always been the last disease to receive attention. Undoubtedly this has been due to several factors or causes, the most important of which I believe has been the failure of the public to look upon insanity as a disease. Although in recent years great strides have been made in the way of enlightenment and the understanding of mental disease, yet we find those about us who still apparently feel that the so-called mental disease is nothing more or less than a manifestation of some diabolical influence or action.

Indifference Toward Mental Disease.

In the past the medical practitioner rather kept away from the subject. He took it for granted that nothing could be done for those thus afflicted and regretted that the whole problem was a hopeless and distressing one. He realized and acknowledged that those of us whose minds had been twisted or deviated had to be taken care of, and he was content that the state should assume the function of shutting them up and properly housing and feeding them. The attitude of the medical profession may be summed up as one of indifference, hopelessness and helplessness. The general public was prone to look upon mental

disease as somewhat of a disgrace, and felt that when the insane person was placed in confinement and removed from a position where he might be embarrassing to his relatives and friends the matter was successfully and happily managed.

It is not necessary, and probably not fitting, to take up here the development of the care of the mentally sick. Generally, members of the medical profession as well as the public are aware that in the last few years there has been marked improvement in the care of the insane and a great advance made along lines of scientific treatment, but we of the medical profession who have been trained in psychiatry realize that this advance has not kept pace with the progress made in the study of disease of other organs. At present the psychiatrist is extremely hopeful that in the near future there will be a proper realization of the necessity of applying to the care of the insane the same degree of scientific interest and investigation that obtains in the treatment of any other disease.

Need for Trained Nurses Now Felt.

Not many years ago it was like a voice crying in the wilderness for one to claim that the mentally ill actually required trained nursing. Those who were interested would agree that the mental cases that were bedridden should be taken care of by those who had some training in nursing, but could not understand why it was necessary for the ambulatory cases to require anything more than custodial care. However, the idea that the mentally sick require trained nursing has grown and developed to a point where it is generally accepted by those who are responsible for their care and it is now felt that a certain amount of trained nursing is absolutely essential if we are to expect results in the treatment of this class of cases.

About forty-two or forty-three years ago there were a few who believed that the way to obtain trained care for the mentally ill was to introduce a training school into the hospital taking care of this type of patient, and thus a school was opened up at this time at a private hospital for the care of the insane. This worthy example, although applauded by some, was slow to be emulated by those in charge of the state hospitals. However, superintendents soon began to see the value of it, and as the years passed more and more training schools were opened in state hospitals. At first the course of training was rather short and decidedly immature and incomprehensive. Considerable stress was laid on the proper attitude toward the individual patient's expression of mental symptoms and also on the importance of general health measures, such as proper

feeding and bathing, but apparently insufficent attention was given to the training of the pupil nurse along the lines of general medical nursing.

Medical Training of Nurses Neglected.

In many instances the psychiatric nurse was graduated without any general hospital training. After a time it was realized that a certain portion of the course should be spent in a general hospital where a knowledge of all other branches of nursing education could be obtained. It is to be regretted that this latter requirement has not been felt necessary in many of the training schools in state hospitals that are even now granting diplomas to their nurses. The number of training schools and those requiring affiliation with general hospitals gradually increased up to the advent of the late world war. This event interfered greatly with maintaining training schools in state hospitals during the period of the war and later was responsible for conditions that prevented a return of the training schools to their former positions.

It should be of interest to know, at this time, just exactly what the situation is in the whole United States in regard to the number of training schools and the success of their operation. With this in mind, in 1922 questionnaires asking for information relating to the existence or non-existence of a training school and other information as to the number of pupils, number of teachers, the character and extent of the courses, were sent to 156 state and large county hospitals devoted to the care and treatment of the insane. Of this number there were 109 replies. It was assumed that the forty-seven hospitals that did not reply had no training schools for nurses and this was substantiated by reading the reports of those particular hospitals. Fifty-four hospitals state they had training schools for nurses, this being about fifty per cent. of those who replied to the questionnaires, and if we can assume that there were no training schools in those hospitals that did not reply it would mean that training schools for nurses are found in only thirty-five per cent. of all state and large county hospitals.

Superintendents Favor Training Schools.

The results of the questionnaire would indicate that we have not made very much advance in the establishment of training schools in state hospitals. Only thirty-eight of the fifty-four were giving a three-years' course, and the same number had affiliations with general hospitals. Using the same

figures, we have a right to conclude that only in about twenty-five per cent. of instances do we find that the state and large county hospitals are giving what appears to be an adequate course in nursing education. One might conclude from this that probably the superintendents of state hospitals were not in favor of a training school for nurses and did not believe in its value. However, it is interesting to know that of the 109 replying all with the exception of two expressed a very strong opinion in favor of the establishment and maintenance of a training school in the hospital. Those who had no schools deplored the fact, and explained the situation on the basis of their inability to obtain pupil nurses with adequate qualifications. One hundred and seven of the 156 state that they consider a training school as an essential part of the equipment for taking care of the insane. Those who had schools told of the great difficulties in keeping them up to a standard both as to numbers and quality of personnel. One hundred and seven of the 109 expressed a wish that something might be done to remedy the condition.

General Hospital Training Inadequate.

It is believed by some that the necessary trained nurses' work in a state hospital can best be supplied by the employment of a graduate from a general hospital. In a small psychiatric hospital I believe the needs of the patient can be very well met by such an arrangement, but it is my experience and the experience of other superintendents of large state hospitals that the general hospital trained nurse is not at her best in a psychiatric hospital, and will not compare for this particular kind of work with the nurse trained in the psychiatric training school. The general hospital trained nurse has not a primary interest in the work. For the first few months she is of very little use, and in fact, rarely appears to get the true spirit of psychiatric nursing.

Another idea is that all general hospital nurses should take a course of several months in a psychiatric hospital. While I believe this would be of some value to the nurse and incidentally to the general public, I am not impressed that it would provide the necessary nursing in the state hospital. The affiliated nurse from a general hospital would be in the state hospital such a short time that her interest would be hardly aroused. Then, too, on account of the work being disagreeable to her, she might become a disturbing element among the attendants who are attempting to do most of the nursing work. Therefore, considering the above ideas, I believe we are justified in concluding that the adequate care of the mentally sick

in the state hospitals is best arranged for by the establishment of a training school for nurses in mental hospitals.

Psychiatric Training for Health Work.

But the demand of the state hospital for the psychiatric nurse is not the only justification for a psychiatric training school. Many cases of mental disease are taken care of outside the hospital. Year by year there is a better and greater appreciation of the field of psychiatry as it applies to the general community health. The development of the mental hygiene idea is already being felt. We know of many psychiatric clinics which are being opened throughout the country. In fact, I am convinced that soon there will be instituted a great mental hygiene programme. The successful carrying out of the above will require the services of well-trained psychiatric nurses and hence it seems almost imperative that steps should be taken to meet these requirements.

The question naturally follows: "What can be done to improve the general situation and what means can be taken that will lend to an increase in the number of psychiatric training schools?" This question involves a consideration of the particular type of school needed, its size, its curriculum, and everything connected with the successful operation of a training school. Let us first study the conditions of a training school in a state hospital, and also attempt to discover why, as has already been shown, there is so great difficulty in operating one. The requirements of this type of a training school will naturally demand specialization along the lines of everyday care of the insane patient. The pupil will have to be taught a sufficient amount of psychiatry to get some understanding of what she is attempting to do, and will also have to have a knowledge of hydrotherapy and occupational therapy. At the present time most state hospitals have quite a large number of patients confined to bed, and many have surgical operating rooms. It seems essential then that this course shall provide not only theoretical, but practical, bedside teaching along the lines of ordinary clinical and surgical nursing.

Requisites for Psychiatric Training.

The course, therefore, must necessarily include an affiliation with a general hospital teaching all the subjects that are ordinarily given in a general hospital. It would seem that the length of the course should be three years. In general the curriculum will have to be arranged to meet, primarily, the special needs of the hospital and, secondarily, to give an education in general nursing so as to fit the graduate for all types

of nursing. I do not believe that the training school should be of an inferior type or standing but necessarily should be able to meet the standards set by the board of registration in nursing in the state to which the particular hospital belongs.

Probably the time will never arrive when all those engaged in the care of the insane can be in a training school, and I do not believe that it is necessary. Much of the work in caring for an insane patient is laborious and does not require specialized training. I do not believe that it is necessary that the training school should consist of more than one-half of the personnel of those taking care of the patients on the wards. The value of a training school does not depend so much upon its graduates or the number of those taking the course as it does upon the fact that there is a training school in the hospital, even though its members are relatively few. The training school will provide in the whole number of those connected with the ward service a definite group of those who can be taught the best things and the highest ideals and whose work can be made to approximate a high standard of nursing care. I believe this setting of a standard will affect the work of those not in the training school, resulting in the whole care being raised to a higher level.

Obstacles to Training Schools.

Let us now consider the difficulties in getting pupil nurses and in maintaining a school. Many causes operate against establishing and maintaining a psychiatric training school. They may be summarized briefly as follows:

(1) The feeling of aversion of the general public toward any association with the mentally sick; (2) the nature of the ward work, it must be admitted, is more or less disagreeable and hard; (3) the long hours; (4) general living and dietary conditions; (5) the fact that hospitals have not interested themselves in maintaining psychiatric training schools of the standards set by the best general hospital training schools.

I am not one who believes that good things can generally be obtained without paying a corresponding price. If the hospital requires a training school it will have to pay for it. The pupil nurse must not be overworked, she must live under as good conditions as the general hospital nurse, and be treated in every way as a pupil nurse in a general hospital training school is treated.

The state hospital is usually so limited in regard to expenditures that it does not feel that it can arrange for shorter hours, for better food, for better rooms, or for more and better

teachers. I believe that when state hospitals can offer a pupil nurse the same conditions that a general hospital can offer, in addition to the salary usually paid, it will not have great difficulty in getting pupil nurses with suitable educational and other requirements. It will provide the bright young woman, who has to be self-sustaining, an opportunity to obtain a good nursing education. The establishment of a training school, however, cannot include all those on the ward service, so that in the state hospital it will probably always be necessary to have a certain proportion, usually a large proportion, of attendants. A short course of about twenty lectures and demonstrations should be given the attendants. This will supplement the work of the training school. The above arrangement is the system in vogue in the Massachusetts state hospitals where, in most instances, it works out very satisfactorily.

What Standardization May Accomplish.

In an effort to stimulate the development of psychiatric training schools throughout the whole United States and Canada a movement was started in 1922 to standardize them. The question was brought officially before the American Psychiatric Association for its support and assistance in working out a standardization scheme. It was recommended that the association maintain a standing committee to be designated as "The Committee on Psychiatric Training Schools for Nurses;" that this committee make a survey of the psychiatric training schools; that a standard of training schools for nurses be established by the committee, subject to the approval of the association; that the committee shall list and classify all training schools approved by the association and also shall include a list of schools recommended by the committee for approval; that the report of the committee to the association shall be published annually in the *American Journal of Psychiatry* together with a list of the schools approved by the association; that certificates be issued by the association to approved schools. Last year this association practically adopted the above recommendations and they will be put into effect this coming year.

I believe that we may look for the following results: (1) Increase in the number of psychiatric training schools; (2) elevation of the position of the psychiatric nurse; (3) improvement in the nursing and medical care of the mentally ill.—*The Modern Hospital.*

HEALTH SERVICE EOR SMALL PLANTS

By a Staff Representative.

The nucleus of the expense account of any industry hospital department will be the salary of the physician and surgeon. A graduate competent to take full charge of a factory's medical work cannot be had for less than $2,400 a year on a full time basis. And even so, such a physician could hardly be other than a recent graduate, immature and without the range of experience desirable for the handling of hundreds of accident cases or those of occupational disease.

To this $2,400 a year may be added a large or small sum to provide for the assistance and equipment the physician will require. This implies the use of a wide range of apparatus, of competent help, and even were adequate money invested for this, it is likely that in plants of moderate size the full time physicians would be in danger of growing rusty through too much idleness.

The small industrial plant cannot hope to put in its own completely equipped medical department with a full time physician without a considerable yearly outlay.

How, then, is the small industrial establishment to give its workers that medical care which humanity urges, and which business judgment dictates? The industrial surgeon is the answer.

As this article does not aim to set forth the fine distinctions between ordinary doctors and industrial surgeons, suffice it to say that the latter are physicians who specialize in the treatment of accident cases and occupational diseases arising in employment of various kinds, and which are covered in most states now by the workmen's compensation and occupational disease laws. The industrial surgeon must have a viewpoint different somewhat from either the general practitioner or the general surgeon. He must in addition to his rather specialized surgical training familiarize himself with the occupational, medical, economic and medico-legal problems which are constantly arising from his work and contact with industrial cases.

The arguments in favor of the industrial surgeon who serves several plants are (1) that per plant the expense is not prohibitive, (2) that he can give more complete service than the general practitioner, (3) that the capital tied up permanently in the way of equipment and floor space is smaller than when a complete factory medical establishment is installed. Set over against this is the desirability of having one's medical unit under direct control. However, close contact can be

easily maintained between plant executives and their industrial surgeons, even though the latter be not on the premises.

Admitting the utility of the industrial surgeon, how is the factory of moderate size to make use of him? Dr. F. A. Fisher, an industrial surgeon in the north side industrial district of Chicago, says:

"When a group of small factories or industries realize the need for better medical and surgical services for their employees and each is unable to install its own physician on a full time basis, let them seek out and select from among the physicians in their neighborhood some good man with a leaning toward surgical practice. By making it an object to him and assuring him of their work, he will be willing and able to install the organization and equipment necessary."

In the small towns there may be a tendency to divide up the work of this class among the resident physicians, but the natural course of events usually does concentrate the industrial work into the hands of a few surgeons who are by this concentration able to give better service. Often they are able to devote their entire time to it and leave the field of general practice free to their brother practitioners who prefer that line of medical endeavor.

The office of the surgeon need not necessarily be directly across the street from the plant. Most cities have ambulance service and practically all manufacturing establishments nowadays have numbers of convenient automobiles standing in front of their plants during the entire working period. If the surgeon's office is within ten or fifteen minutes motor travel of the plant, the necessity is served.

"I cannot recall offhand one case during the last ten years where the presence of the surgeon immediately in the plant was imperative for the saving of a life," explained Dr. Fisher, "though it would, of course, be possible to imagine a hypothetical instance. In practice the patient can almost without exception wait the few minutes it takes for the doctor to get there, without harm to himself."

In selecting an industrial surgeon, the factory management should make a thorough investigation into the character, record, and personality of the man. This last point is a matter sometimes overlooked, Dr. Fisher points out. There is, among certain types of working people a tendency to look askance at "company doctors," to regard them as salaried incompetents who care nothing about what happens to the injured laborer so long as they get their pay. Hence, the industrial surgeon must have a pleasant personality. He must be able to win

the confidence of the worker. The patient's confidence is as essential here as in private practice.

Having selected the surgeon, there remains the important matter of medical expense. Not a few industries carry their own compensation insurance, in which case payment is made directly by the employer. On the other hand, if the employer insures with a casualty company, he can often get advice from it as to a surgeon who can best serve the industry in question.

In medium-size plants the medical service may be amplified by the employment of a competent nurse to have charge of the modified aid station or dispensary on the premises. She should be a registered nurse, and work under the direct charge and supervision of the surgeon. The bulk of industrial accidents are trivial—scratches, bruises, etc. They need attention, but are hardly even minor surgery. The nurse, under the doctor's instructions, can attend to them at a great saving in time lost from work as well as often preventing infection through prompt service. Then, too, in case of a really serious accident, she can give first aid while the physician is on his way. Where many women are employed she will be invaluable in alleviating their illnesses and attacks.

The compensation plan for the surgeon has been a matter of dispute. A favored practice, however, is that of a straight fee basis. The money is paid, of course, by the employer or the insurance company. It is, in fact, part of the injured employee's compensation, since the law provides for the payment of the medical bill.

The accepted basis of charges must be that of the average wage of those workers coming under the compensation laws of the country, and such as would be charged them as private patients.

It is important that the physician who is to serve the company maintain a twenty-four hour service, either at his office, or by arrangement with a nearby hospital in case of occasional night cases. Even if the plant operates on an eight-hour basis, there are sure to be watchmen, firemen or other workers on duty at odd hours, and accidents, unfortunately, sometimes happen at most inopportune times. Here again, sufficient industrial accident work will enable a surgeon to provide adequate service.

An excellent example of the service rendered a number of manufacturing plants by an industrial surgeon was seen in an office the writer recently visited. The industries served ranged from the neighboring butcher shop to the machine plant employing 1,500 people. Here an elaborate organization was in

effect, starting with a complete record system wherein all data was taken necessary to settle at once matters of compensation from a medical viewpoint. Other features were a fully equipped X-ray room outfitted with radiographic and fluoroscopic units, a stereoscope, a dark room, a dressing and treatment room for women and also for physiotherapy, an operating room, and a sterilizing and utility room. There also was a work bench and cabinet for the manufacture of splints and special apparatus, as well as crutches, a large assortment of special splints, etc.

This was an equipment which no manufacturing establishment of moderate size would be justified in maintaining.

"The best argument for the industrial surgeon is that he is a specialist," declared Dr. Fisher in summarizing. "Many surgeons following this specialty will treat more fractures in a week than most men in general practice will in a year. He will handle as many cases of foreign bodies in the eye as many physicians specializing in eye work. While the injuries in different industries vary in details, they fall astonshingly into several broad classes, and the industrial surgeon becomes expert in caring for these classes.

"As a rule, the industrial surgeon will be a more experienced man in his line than anyone the small or medium sized plant could afford to hire on a salary. No matter how much potential ability the younger, less experienced man has, he cannot bring to his work the maturity and judgment of the man who has handled accidents and ailments from a wide variety of sources over several years of practice. He, too, through his wide variety of cases and years of experience, can often suggest to employers methods of safeguarding their machinery so as to avoid repetitions of accidents. His familiarity with various industrial diseases, likewise, will enable him to assist the manufacturer in overcoming these dangers." —*Hospital Management.*

SASKATCHEWAN HOSPITAL RULES

The following are the regulations of the department of public health of the province of Saskatchewan with which hospitals must comply to receive government aid:

Under the provisions of an Act to regulate Public Aid to Hospitals, His Honour the Lieutenant Governor, by and with the advice of the Executive Council, has been pleased to order that the regulations governing hospitals in the province be repealed and that the following regulations be substituted therefor:

1. In these regulations, unless the context otherwise requires the expression:

"Minister" means the Minister of Public Health established by the Act respecting the Public Health, chapter 8, 1909.

"Practice of Medicine" in hospitals shall be limited to those registered under "The Medical Profession Act," chapter 135.

"Hospital" means any hospital in the province receiving aid from the Government of Saskatchewan, but shall not include Red Cross Outposts.

All hospitals receiving aid from the Government of Saskatchewan shall be subject to the following regulations:

2. All plans and specifications for the building of, or addition to hospitals or alterations in hospitals shall, before such work is begun, be submitted to the Minister of Public Health for approval.

3. Every hospital building over two stories in height shall be of fireproof construction.

4. In every hospital each room occupied or to be occupied by patients shall be of such dimensions as to give each patient not less than eight hundred cubic feet of air space; every room shall have at least one window connecting with the external air for every two beds. Provision shall be made to secure to each patient at least two thousand four hundred cubic feet of fresh air per hour either by artificial or natural ventilation.

All windows must be made to open from top as well as bottom, and storm or double windows should preferably be, as French windows, made to open within; otherwise they shall be hinged at the top to open outwards, and so fastened as to keep them open when desired, at an angle of at least thirty degrees, or have a sliding panel of a minimum opening of one hundred and twenty square inches.

5. The building shall have the floor of the cellar or basement properly cemented and water tight.

The halls of each floor shall be open to the external air with suitable windows or doors, and shall have no room or other obstruction at the end; the said halls and the buildings as a whole shall be provided with suitable and adequate iron fire escapes, stairways, inclines or exits.

Chemical fire extinguishers approved by the minister shall be provided in all hospitals, at least one for each floor. These shall be located in a convenient place, tested every six months and the date of testing and name of tester recorded on the

extinguisher. All nurses and employes shall be familiar with their use.

Fire drill shall be practised at least four times a year by the staff.

Hospitals of twenty beds and over shall have standpipes and hose on each floor.

6. Every water closet, bath room, lavatory or toilet room shall have a window opening directly to the external air. In basements no sanitary fixtures shall be allowed unless there is ample provision for natural light and ventilation, and unless the floors of such basement are not more than four feet under the ground adjoining the building.

No sleeping room shall be permitted in basements where the floors of such are more than four feet under the level of the surveyed sidewalk grade, or of the ground adjoining the building, and unless such rooms are lighted by natural light directly admitted by windows which shall be made to open, and have means of ventilation.

7. There shall be provided in connection with each hospital suitable separate buildings, approved by the minister, to be used for the isolation of cases of contagious, infectious, epidemic or communicable diseases, the minimum size to be two wards and sleeping accommodation for a nurse.

8. There shall be provided in each hospital a suitable room or rooms for the proper care, protection and preservation of the dead, pending their removal.

9. Each hospital receiving government aid in any city in the province shall have an advisory medical board consisting of three registered practitioners residing in the city in which the hospital is located.

In cities having a medical association a meeting shall be called by the secretary of all registered practitioners of the city, before the fifteenth day of January each year, and an advisory medical board appointed at this meeting. In cities where no medical association exists, or, in the event of no meeting being called as above mentioned, the minister shall call a meeting of the medical profession of the city for the purpose of having selected an advisory medical board. One member of the advisory medical board shall hold office for two years.

10. The duties of the advisory medical board shall be of an advisory character only, appertaining to the welfare and efficiency of the work of the hospital, their duties not to be in any way of an executive character, though they are eligible to attend meetings of the directors.

The advisory medical board shall, upon the request of the minister regarding the management of the hospital for which they are appointed, or with reference to any member of the medical profession attending such hospital, make such investigation as may be requested.

The advisory medical board after having made inquiry into and having considered any of the matters above mentioned shall formulate its recommendations and advice and place them before the minister and the hospital management or medical practitioner in question, with a view to having the complaint remedied.

11. Each and every hospital shall have a board of governors or a board of management.

The directors of the board of management of every hospital receiving aid from the Government of Saskatchewan shall, during the first week of January each year, and at such other times as may be necessary, appoint an attending medical, surgical and obstetrical staff, the members of which shall hold office during the pleasure of the directors or board of management.

The directors or board of management shall make arrangements for the medical, surgical and obstetrical care of the patients where the patients are unable to pay therefor.

The directors or board management of every hospital receiving aid from the Government of Saskatchewan shall have full control of the hospital, including the medical, surgical and obstetrical staff of the hospital.

12. There shall be a meeting of the medical staff each month for the purpose of:

(a) Reviewing the professional work in the hospital.

(b) Reviewing and analyzing the clinical experiences of the staff in the various departments of the hospital, such as medicine, surgery and obstetrics; the clinical records of patients to be the basis for such review and analysis.

(c) Reading of scientific papers on medicine, surgery and obstetrics with discussions.

(d) Discussing cases ending fatally, or unimproved.

(e) Improving the welfare of the patients, hospital and profession.

(f) For the purpose of discussing any infections or complications which may occur in the hospital.

A report of the proceedings of each meeting shall be sent to the minister within one week of such meeting.

13. There shall be kept in each hospital a complete record of all cases admitted, giving date of admission, name, address, age, occupation, residence, name and address of friend or relative, disease and result of treatment; a copy of this report shall be sent semi-annually with the financial statement to the Minister of Public Health.

14. Hospitals having an authorized bed capacity of seventy-five (75) beds or over shall employ a resident medical officer.

15. Hospitals of seventy-five (75) beds and over shall have a qualified dietitian.

16. A report shall be sent to the minister at the end of every month, giving a complete list of all patients admitted during each month; this list shall include the name, age, nationality, residence, length of time in Saskatchewan and disease of each patient admitted.

17. At the same time a report containing a list of those who have been discharged during the month shall be sent in to the minister giving the name and the number of patient, name of disease, nature of treatment and result, whether cured, improved, unimproved or died.

18. All cases of an actively contagious or infectious nature, as smallpox, chickenpox, diphtheria, scarlet fever, mumps, measles, German measles, impetigo contagiosa, epidemic cerebro-spinal meningitis, glanders, rabies and any other disease which may now or at any future time be classified by the minister as an actively communicable disease, shall be reported immediately to the local medical health officer as soon after admission as diagnosed, by the hospital superintendent.

19. On each Friday a weekly report shall be sent by the hospital superintendent to the local medical health officer, giving the name, number and address of all patients admitted, suffering from typhoid fever, pulmonary tuberculosis and trachoma.

20. Hospitals shall make provision for the care and treatment of maternity cases to the extent of one-tenth of the total authorized bed capacity of same.

21. Hospitals shall admit cases of pulmonary tuberculosis or consumption to the private wards where patients are able to pay for same; and shall provide separate rooms or a building for non-paying patients to the extent of one-tenth of the total authorized bed capacity of the hospital.

22. The attending physician for every patient admitted to a hospital shall see that a complete case record is written up as promptly as possible after admission, and on the death or discharge of the patient this record shall be filed in the office

of the superintendent. This record is the property of the hospital.

23. All anesthetics shall be administered in the operating room and by a physician, unless permission is otherwise given by the superintendent.

24. No major operation shall be performed unless in the presence of two qualified medical practitioners, except in cases of emergency and to be approved of by the superintendent.

25. All hospitals shall be regularly inspected and reported on by the inspector appointed for that purpose.

26. All nurses and employees shall show proof of vaccination against smallpox, and shall take typhoid vaccine every two years. Those showing a positive Schick test shall be given toxin-antitoxin.

27. All hospitals shall employ at least two duly qualified trained nurses whose qualifications shall be subject to the approval of the minister. There shall at all times be at least one duly qualified nurse on duty.

28. No training schools for nurses shall be established or conducted in connection with any hospital receiving government aid in this province, unless there be (1) at least four resident registered medical practitioners within an area of two miles of said hospital, (2) unless the hospital has an authorized bed capacity of at least thirty patients and (3) a daily average of twenty patients.

29. Hospitals conducting such training schools are required to furnish the minister with full particulars of such course in training, showing the educational standard and age required for admission, length of course, outline of studies, qualifications for graduation and any other information required by the minister.

30.—(a) There shall be in connection with the hospital a training school for nurses, the object of which shall be to provide a complete course in nursing.

(b) There shall be a teaching council composed of the nominee of the medical staff on the board, the principal of a local educational institution to be named by the board, superintendent, superintendent of nurses, such staff nurses as are engaged in teaching; together with such members of the medical staff as are appointed as teachers by the board of governors upon the recommendation of the medical staff.

(c) The officers of the teaching council shall be a president, vice-president and secretary, to be elected by the teaching council at its first meeting in each year.

(d) There shall be an executive committee composed of the nominee of the medical staff on the board, the superintendent, the principal of an educational institution and the president and vice-president of the teaching council.

(e) The teaching council shall:

(1) Decide upon a curriculum for the training school.

(2) Arrange for the keeping of a complete record of all pupil nurses.

(3) Arrange for the preparation, and conduct of written and oral examinations in theoretical work.

(4) Prepare a report showing the result of the examination, with awards, and make recommendations to the board of governors for the issuing of diplomas.

(5) Make rules and regulations, not in conflict with any of these by-laws, for the efficient conduct of the school.

(f) The by-laws and rules of the training school shall be subject to the approval of the board of governors, and upon approval shall form a part of the hospital by-laws and rules.

The curriculum and course of studies outlined by the council shall be submitted to the minister for approval.

No training school shall be allowed unless provision is made for nurses in training to receive at least three months' nursing in an isolation hospital.

Each nurse in training shall receive a course at a sanatorium of at least three months.

31. Every training school shall provide a class room with a minimum standard equipment as follows:

Hospital bed and linen; bedside table, chair; chase doll; skeleton on stand; blackboard, size 3 ft. x 4 ft.; chairs with writing rests on side; thermometer basket; bulletin board; samples of all chart forms and other forms used in hospital; samples of drugs labelled with dosage in vials; hypodermic tray, medicine tray, eye tray, dressing tray (with instruments), anesthetic tray; necessary equipment for douche, catheterization, enema, stomach lavage, hypodermoclysis, stupes, fomentations, baths, hot pack and bath thermometer, pus basin, hot water bottle, back rest, and graduates.

LIBRARY.

Materia Medica for Nurses—A. S. Blumgerten.
Essentials of Medicine—Emerson.
Practical Nursing—Maxwell & Pope.
Anatomy and Physiology—Kimber & Gray.
Obstetrics for Nurses—De Lee.
Dietetics—Pattee.

Bacteriology—Hiss & Zinsser or Jordon.

And as many reference books as possible.

32. In the smaller hospitals where no instructress or dietitian is employed, it is recommended that they arrange among themselves for the services of a travelling instructress and dietitian.

33. Accounts and reports shall be kept and returns made in a manner approved by the minister. The semi-annual financial report for grant shall be in duplicate.

34. The general management and conduct of hospitals and all by-laws and regulations thereof shall be at all times subject to the approval of the minister.

35. The minister may stop the grant of any hospital for such period as he may decide, for non-compliance with any of the above mentioned regulations.—*Hospital Management.*

MUSKOKA HOSPITAL IS VISITED BY LORD BYNG

His Excellency the Governor-General, Lord Byng of Vimy and Lady Byng, on Sept. 6th, made a tour of inspection of the new wing of the Muskoka Hospital for Consumptives.

In the late afternoon the S.S. *Sagamo* with the governor-general and party on board, came gliding from behind the islands of the bay to the little hospital wharf where the visitors were received by Hon. W. S. Charlton, the business manager, G. Reed, and trustees James Brown and E. L. Ruddy, of Toronto. Their Excellencies were accompanied by Major Hodgson, private secretary to the governor, Miss Sanford, private secretary of Lady Byng and Captain Curtis, aide-de-camp to Lord Byng.

The pump-house is on the way from the wharf to the hospital entrance. Lord Byng was interested in the water pumping equipment in the event of fire. The engines and their high pressure pumps feed three hose lines at the rate of 150 gallons a minute in emergency, and fire hydrants are conveniently placed in commanding positions throughout the grounds. At a sign from an official the pumps roared for Lord Byng's approval.

The party passed through the infirmary on the way to the physician's library where afternoon tea was to be served. In the library with its billiard table and its innumerable medical books, set of the Waverley Novels and the works of Hugo and F. Marion Crawford, the governor-general made a felicitous speech in response to the words of welcome from Hon. Mr. Charlton. He praised the work of the hospital staff and in

a simple, but impressive manner said: "Your success is the success of humanity."

Then His Excellency, accompanied by Dr. Kendall, the physician in chief, led the way through the staff dining-room, large and airy with its splendid view of the bay looking toward Muskoka wharf, to the kitchen where the huge steaming pots were carefully inspected. Lord Byng took a particular interest in a cook frying a quantity of white fish. They smiled happily at one another and then shook hands. The way led through the dining-room of private patients and the general dining-room, with its white glazed tables, to the ramp corridor and the adjoining ultra violet light room and pathological department, containing three beds with large, silvery globular contrivances suspended over them.

On the roof of the new building one appreciates the vantage point of the hospital and its extent as well as its background of rugged beauty. The roof is tiled. Lord Byng looked out over the bays from several corners of the roof. Three hundred acres, thickly wooded in some places, jutting crags of gneiss and granite in others, pines seemingly growing on the bare rock, to the south the wooded islands of the bay and the roofs of the houses of Muskoka wharf all of it a setting for the fifty white hospital buildings and cottages.

The inspection route continued down the stairs to the quarters of Miss Smith, the head nurse, a pretty room with several landscapes on the wall done in the vigorous manner of the younger Canadian artists, then through the central offices on the second floor to the east wing where Lord Byng had an opportunity to fraternize with the women patients. He shook hands, smiled amiably and gave words of encouragement to every patient in the several rooms.

The party left the building at the north entrance, examining the building operations in connection with the pavilions, then turning east in front of the new building. It is in the form of an elbow, not unlike Simcoe Hall of the university, in appearance, except that the Georgian resemblance is lost after the middle of the elbow is noted. A stretch of bare rock is in front of the building, but the hospital authorities plan to cover it with several feet of earth and then sod it.

East, in front of the new building to the dining-room, went the party to inspect the trustees' bedrooms, just off the library, and the offices of the steward, Mr. Murray. On the way there was some discussion of radio. In the hospital and cottages there are seven large sets. Mr. Murray ex-

plained that since The Star had moved the new studio, on Yonge and St. Clair, they were able to get CFCA broadcasts, which heretofore had eluded them. By this time the party were examining the storehouse in the basement.

A tour of the basement of the new wing gives one an excellent impression of the efficiency and business scope of the hospital. The storehouse covers a wide area and it houses food stuffs and hardware and kitchenware and linen, fruits of every description spread out on long stands that those which gave the slightest intimation of decay may be detected at once, and there are long rows of preserved fruits, in short, there is in this storehouse everything that one might expect to find in the several floors of a well stocked departmental store. Incidentally the married employes are allowed to make purchases at wholesale prices. No special company is favored when the time comes to replenish the storehouse, rather are several companies asked to submit tenders and the goods are purchased on a competitive basis.

Seven nurses have charge of seven diet kitchens. After certain periods the kitchens are checked up and it is noted whether one kitchen is using more tea or more sugar and so on, than the others and the nurse in charge is advised to rectify any marked discrepancy in the consumption of foodstuffs compared with the other kitchens.

The ice-making plant was inspected and then the party made its way along a narrow tunnel with its bottom of solid rock to the incinerator and the boiler rooms and the coal pit with its great pile of coal. A door leads out to the sewage disposal plant on Murray Bay. The very interesting plant is an air-activated sewage, completely lacking in any offensive odor.

On the steps of the main building Lord Byng and Lady Byng and party were photographed before making a cursory examination of the repair work, where formerly had been the dental department in the main building. From the verandah the scenery differs from the view obtained from the new building. The lawns are smooth and rolled and in places carpeted with golden rod, gladioli, geraniums and many other flowers, and the architectural design of the building itself is altogether different, being more opulent with its wide and curving southern verandahs and its many windowed towers.

The tour of inspection was completed, earlier in the afternoon Lord Byng had inspected the public school at Gravenhurst and had been received by Mayor Vanstone and council and presented with an illuminated address.

ONTARIO HOSPITAL ASSOCIATION PROVISIONAL PROGRAMME

First Annual Convention, Ontario Hospital Association, to be held in Toronto on Thursday and Friday, October 2nd and 3rd, 1924

THURSDAY, OCTOBER 2ND, 10 A.M.

10.30—Standardization of hospitals.
11.30—Hospital accounting for small hospitals.
12.00—Demonstration of compilation of annual hospital government returns.

Adjournment at 12.30 to re-convene at Western Hospital at two o'clock.

2.00—Twenty minute address by the President, Colonel Gartshore.
2.20—Record system for Nurses' Training Schools.
3.30—Conversion of an ordinary room into an operating room for rural surgical work.
4.00—Demonstration of blood tranfusion.

Adjournment of meeting to be continued in the evening at 8 p.m.

8.00—How public hospitals should be supported and conducted.

FRIDAY, OCTOBER 3RD, 9 A.M.

1. Uniformity of tariff.
2. Laundry. Should it be done in hospitals or by a public laundry?
3. Checking receipts when treasurer is engaged with other work: Show how it can be done simply but still efficiently.
4. Co-operative buying.
5. Suggestions as to raising money for hospital deficits.

Adjourned until 2.15 p.m.

1. To what extent do hospitals in Ontario keep a per capita per diem cost?
2. How is control kept on use of supplies in hospitals?
3. How to compel municipalities to pay fees for indigent patients.
4. Information as to adequate number of graduate nurses and those in training in hospitals of 45 beds, and same information in regard to hospitals of from 50 to 100 beds.
5. Methods used in large hospitals to determine daily output of linen laundry.
6. To what extent are patients charged for drugs, etc.? Are public ward patients charged full value or a portion thereof?

7. What do the medical men think of the ten hour per day duty for private duty nurses? . . . also asked for from 6 p.m. off.
8. Discuss laboratory fees for small hospitals.
9. Should superintendents attend staff meetings?

NAIL PUNCTURE

The following is my routine treatment of nail puncture, regardless of whether it is a new nail, or "an old rusty nail." And there is probably nothing in the rust of the nail any more than that the rusty nail has a rough surface and, therefore, more chance to carry the infection.

The foot is washed with soap and water (after removing the usual piece of fat meat!) With a basin of lysol and sponges at hand, the skin wound is enlarged with scissors by snipping away the skin edges entirely, around the skin opening. With a metal applicator having a delicate, long, round point or end, and wrapped with long-fibre cotton, pledget of small calibre, saturated with iodine, the nail canal is penetrated to the bottom. This is sometimes preceded by a solution of novocain, if the case and nerves seem to warrant. This can be made painless by going slowly with first a surface touch of novacain and waiting, going deeper as anesthesia advances.

The iodine cotton is removed and then a second swabbing of the canal is done. After this a smaller dry cotton swab is used and by back twisting of the applicator the tiny plug of dry cotton may be left in the canal.

Whether the case is new or old, this same treatment is carried out.

If the case has proceeded to the second or third day at your first visit, and the foot is swollen and painful, the same treatment is used, but the cotton packing now is snipped off quite short and left in place, and flaxseed poultices of large size are used, continuously, with the foot elevated.

Seeing the patient the second and third day I make imperative. The packing is then removed, the wound dry-swabbed, then with iodine, then dry-packed; and so on till the third day if there is no pus; but if there is pus and drainage, the funnel-shaped opening you at first made with your scissors and packing will insure sufficient drainage.

Do not try to first enter the canal until you have enlarged the skin opening; you might "pump" the infection further into

the tissues, especially if the cotton probing were too large.

Cotton of long fibre can be deposited in a nail puncture wound with ease, while gauze is almost impossible.

The injured foot should not be used, but kept elevated.—*Selected.*

GIVING ATTENTION TO PLAY

Never before have municipalities paid so much attention to play. Most cities now have numerous public playgrounds and encourage people of all classes and ages to utilize them. There are swimming pools, where free lessons are given in swimming, free band concerts, supervised public dances, community singings, community theatres, tourists parks in charge of competent directors, moving pictures, and scores of other amusements and pastimes, most of which are without charge. The cities, and many country communities as well, are learning that the people are healthier where they are afforded every means for outdoor recreation. They are also finding that where clean amusement is provided there is less crime and wrong-doing. Facilities for out-door recreation in summer and for in-door pastimes in winter are proving profitable investments from every standpoint.—*Selected.*

Personal

Miss Jennie K. MacArthur, R.N., has taken over her duties as matron of the General and Marine Hospital, Goderich. Miss MacArthur is a graduate of the Clinic of New York, and for the past ten years has been associated with the Marine Hospital at Owen Sound.

Dr. A. Grant Fleming, assistant city officer of public health, resigned last month to take an important position in Montreal. Dr. Fleming has been in the city's employ for sixteen years, originally in the health laboratories and latterly in charge of the medical services, in which capacity he attained a high reputation for efficiency. He was also in charge of the medical and dental inspection of schools. In Montreal, Dr. Fleming will work under the Anti-Tuberculosis Association in disease prevention work. Lord Atholstan, who is a member of the association, contributed $100,000 toward the

prosecution of its work. Dr. H. C. Cruickshank, Director of the City Health Laboratories, has, at the time of writing, been recommended to the Board of Control as Dr. Fleming's successor.

Book Reviews

Obstetrics for Nurses, by Joseph B. DeLee, A.M., M.D., Professor of Obstetrics at the Northwestern University Medical School. Seventh edition, entirely reset. Philadelphia and London: The W. B. Saunders Company. Canadian agents: The J. F. Hartz Co. Limited, Toronto. 1924. Price, cloth, $3.25 net.

It must be most gratifying to Dr. DeLee to find himself called upon to publish no less than seven editions of his "Obstetrics for Nurses." The book has been adopted quite generally in training schools, having been again enlarged, more freely illustrated and rewritten here and there. The author has devoted quite a section to both pre-natal care and diet during pregnancy. We can but again express to Dr. DeLee our congratulations on the results of his labors.

Applied Chemistry for Nurses, by Joseph L. Rosenholtz, Ph.D., Assistant Professor of Geology in the Rensselaer Polytechnic Institute. Illustrated. Philadelphia and London: The W. B. Saunders Company. Canadian Agents: The J. F. Hartz Co., Limited, Toronto. 1924. Price, cloth, $2.00 net.

This volume of some 200 pages presents in concise and readable form many of the interesting facts of elementary chemistry. It also gives numerous instances of the practical application of a knowledge of chemistry to nursing. A course of instruction to nurses, including the study of thirty laboratory experiments outlined in this book, would serve as an excellent and practical grounding in elementary theoretical and applied chemistry.

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REGISTERED TRADE-MARK

POLIFLOR FLOOR WAX.

We would draw our readers' attention to page ix carrying the advertisement for Poliflor Floor and Furniture Wax. This article is made by the manufacturers of the world-famous Nugget Shoe Polish, which is a sufficient guarantee of its quality. Poliflor is easy to apply, quick to dry and gives a brilliant, lasting gloss that brings out the natural beauty of the wood. It gives a very hard finish and is particularly recommended for hospital floors or any place where there is hard wear. It is equally good for linoleum and composition floors. Besides being sold in regular size tins for household use, Poliflor is put up in five-pound pails for hospitals and institutions at a remarkable cheap price. We would suggest that your purchasing agent write to the selling organization for Canada, Deckitts (Over Sea), Limited, 102 Amherst Street, Montreal, who will gladly send samples and prices.

NEW "E.S.I.Co.," OUTFITS.

In response to many requests from the medical profession, the Electro Surgical Instrument Company, of Rochester, N.Y., has just completed and placed upon the market a new outfit comprising a Hare-Marple ophthalmoscope, a pneumatic auriscope and an illuminated tongue depressor with separable wooden blades, all of which are operated from an universal battery handle.

The Hare-Marple ophthalmoscope is recognized as the standard instrument for ophthalmoscopy, having sixty-nine different lens combinations permitting a view of the fundus of the eye not only in ordinary cases, but even where the errors of refraction are extremely high.

The pneumatic auriscope of the outfit is an improvement upon the widely known pneumatic auriscope that has been sold by this concern for years, being equipped with a lens carrying arm in place of the operating window. It is furnished with three specula of different sizes and fastens to the universal battery handle by a positive adjustment which holds the auriscope absolutely firm.

The illuminated tongue depressor is constructed for the convenient insertion of wooden blades and is designed so that

"Canada's Most Famous Dessert"



Gallon Package

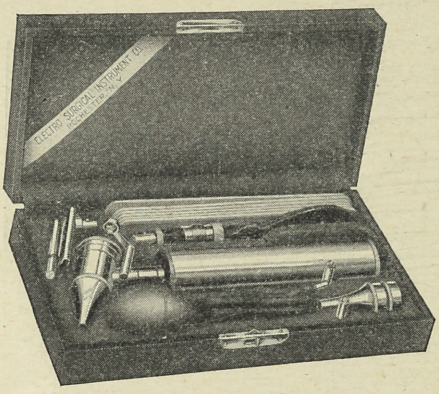
HALF the charm of "home cooking" is in a simple delicious dessert like Jell-O. Many a wise chef has found that out. And so we've made an Institutional Size package—the same famous and favorite Jell-O in a giant box, for greater convenience and economy in hotel, restaurant, cafeteria, hospital and other large-order kitchens.

The Genesee Pure Food Company of Canada, Ltd.

Two Factories

LeRoy, N.Y. *Bridgeburg, Ont.*

the blade can be thrown away after each examination and another blade inserted. This makes this tongue depressor of particular value in industrial, clinical and school work when it is desirable to make a number of examinations in rapid succession, thus avoiding the necessity and inconvenience of being obliged to sterilize the blade of the tongue depressor after such examination.



This outfit is furnished in an attractive and convenient case; and special combinations of these instruments are also supplied to physicians who do not desire to purchase the outfit complete.

FOR VARIATION IN DIET.

Your patient often longs for a change of food. Especially is this true if his diet is decidedly restricted. "Tell me, doctor, what else can I eat?" is a frequent plaint and upon such an appeal, many physicians have been glad to recommend Junket. Its daintiness and delicacy make it attractive to the eye and to the taste. But aside from the appetizing feature, we lay special stress on Junket's food value.

It is made from milk and hence is suited to the sick room diet, to the convalescent or to the feeding of infants. Junket is pre-coagulated, thus removing the main digestive difficulty of raw milk. Your patients, grown-ups as well as little folks will enjoy this tasty dessert, and you will have the satisfaction of knowing you are not only feeding their fancy but supplying their need.



KOTEX—

Universally endorsed by physicians

—*This is why*

Kotex is an ideal product from the medical standpoint—thoroughly sanitary, practical, hygienic.

It offers unique advantages, afforded by no other pad. These are due to extraordinary qualities of absorption.

Kotex is made from Cellucotton, the super-absorbent surgical dressing discovered during the world-war. It absorbs 16 times its own weight in moisture, instantly. It is 5 times more absorbent than ordinary cotton.

The practical advantages of this absorbency are obvious. Doctors have been quick to recognize its importance. They advise their patients to use Kotex as a protection to health, with safety, immaculacy, peace-of-mind as important, yet secondary, considerations.

The *sanitary*, sanitary pad

Kotex is made in an up-to-date, modern plant, where every process is sanitary.

It is packed in sanitary packages, reaching the user scrupulously clean, essential for fastidious as well as prophylactic reasons.

Explanatory book free

We publish a special book, written by a physician for physicians, which gives a full explanation of Kotex, what it is and what it does. A copy will be sent free if you will fill out and mail coupon. Just pin it to your letterhead—that's enough. Booklet sent by return mail.

KOTEX

MAIL THIS FOR FREE BOOK

CELLUCOTTON PRODUCTS COMPANY
Harold F. Ritchie & Co., Limited,
10 McCaul St., Toronto, Ont.

Please send me free copy of your professional book on Kotex.

Name.....

Address.....

City..... *Province* .....

H.W.—10-24.

SO-CALLED "FEMALE DISEASES"

Many so-called "female " diseases are female only in the sense that they manifest themselves in and through a female organism. The pelvic organs, and the generative system, form a much more extensive and important part of a woman's organization than they do of a man's; hence, when a woman suffers from a general body disturbance, it is natural that it should manifest itself conspicuously in a disturbance of these organs and functions, thus giving the impression of being some disorder peculiar to the sex. He is a wise physician who does not permit himself to be hypnotized by the obsession of sex in the diagnosis of disease. Dysmenorrhea, amenorrhea, ovarian neuralgia, and other functional disorders of the uterus and ovaries, are frequently the local expressions of a general anemia or systemic debility, and can be successfully relieved only by improving the general nutrition and raising the functional tone of the entire body. Many such cases improve rapidly when given Compound Syrup of Hypophosphites, "Fellows," because this remedy furnishes them with precisely the up-building elements the body needs. And even where there are local causes of disturbance, and the case is a genuine gynecological one, if the patient is run down and below par, the Syrup will hasten her response to other remedial measures.

KEEPING WELL VS. GETTING WELL.

It is a comfort to thousands of people throughout the Dominion of Canada, United States and Great Britain to know that there is one concern which has specialized for half a century in the manufacture of pure foods. The Farwell & Rhines Co., of Watertown, N.Y., U.S.A., began fifty years ago specializing in the manufacture of F. & R's Celebrated Criss Cross Cereals and Flours. Owing to the purity and food value of their flours and cereals, they have constantly increased the distribution of their products until to-day they are on sale in almost every corner of the globe. The Farwell & Rhines Co. manufacture every kind of flour which it is possible to produce from wheat, and each and every package of their goods bears their trade-mark, which is the Criss Cross Lines. This trade-mark is an absolute guarantee that every pound of their goods will be the best quality which it is possible to manufacture.

Insist on

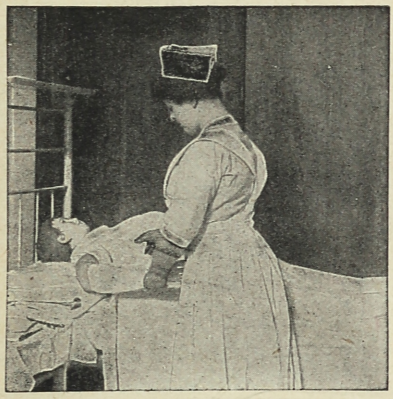
PROTECT
Your Doctor
and Yourself

PHILLIPS' Milk of Magnesia

SAY "PHILLIPS" to your druggist, or you may not get the original Milk of Magnesia prescribed by physicians for 50 years.

Refuse imitations of genuine "Phillips"

Each large 50-cent bottle contains full directions and uses.



The CHASE HOSPITAL DOLL is over five feet tall, made of finely woven stockinet. Is durable, waterwroof and sanitary. It has copper reservoir which has three tubes leading into it, corresponding in location and size to the urethral, vaginal and rectal passages.

Superintendents now using the adult size, as illustrated above, will be glad to know that we make several small models corresponding to a two-month, four-month, one-year and four-year-old baby.

STANDARD EQUIPMENT

The CHASE HOSPITAL DOLL and *The* CHASE HOSPITAL BABY are demonstration manikins--substitutes for the living subject in teaching the proper care of children, the sick and injured. They are the result of thirty years of experience and experiment.

Teaching can best be accomplished through standardized equipment. That is why *The* CHASE HOSPITAL DOLL and *The* CHASE HOSPITAL BABY have been in daily use for years all over the world by the leading Hospitals, Nurses' Training Schools, Home Nursing Classes, Baby Clinics, Mothers' Classes, and by visiting Nurses and Baby-Welfare Workers.

They are made of the best materials obtainable for the purpose. They are unusually durable, withstanding years of hard usage. And whenever necessary they can be repaired and refinished so as to be as good as new. *The* CHASE HOSPITAL DOLL and *The* CHASE HOSPITAL BABY permit of great flexibility and wide latitude both in the demonstration and practise of medical, surgical, and hygienal principles.

Every well-equipped organization engaged in these works find it necessary to install one or more of our models, as Standard Equipment, in order to accomplish the best results.

We shall be pleased to send you our latest catalogue.

The
CHASE HOSPITAL DOLL

M. J. CHASE
60 Park Place
PAWTUCKET, R.I.



Bronchitis and other Throat Affections are amenable to this treatment.

BRONCHITIS, Quinsy, Pharyngitis, Laryngitis, Influenza and other kindred affections of the bronchi, tonsils, larynx and throat are very quickly relieved by generous applications over the throat and upper thorax of hot Antiphlogistine.

Antiphlogistine has a treble beneficial action

It reduces the inflammation and congestion, first from the fact that its generous c.p. Glycerine content coming in contact with the liquid exudates present, sets up and sustains heat, thus stimulating the cutaneous reflexes and greatly increasing local superficial circulation.

Secondly, through the hygroscopic properties of Antiphlogistine, these same exudates, are, by osmotic action, actually taken into the poultice itself.

Its third beneficial action comes simultaneously with its first and second, and is its *endosmotic* action (the completment of osmosis)—during which its non-toxic antiseptics of eucalyptus, boric acid and gaultheria are being taken through the integument, and, being absorbed, tend to inhibit the toxins.

Over 100,000 Physicians use the the genuine Antiphlogistine because they know they can rely on it to relieve inflammation and congestion.

Let us send you our booklet, "The Pneumonic Lung."

The Denver Chemical Mfg. Company
New York, U. S. A.
Laboratories: London, Sydney, Berlin, Paris, Buenos Aires, Barcelona, Montreal, Mexico City

Antiphlogistine
TRADE MARK

"Promotes Osmosis"



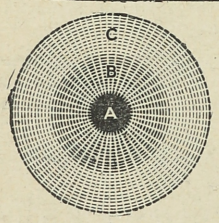
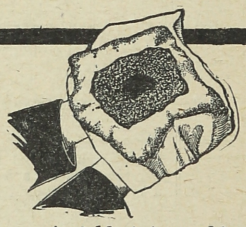
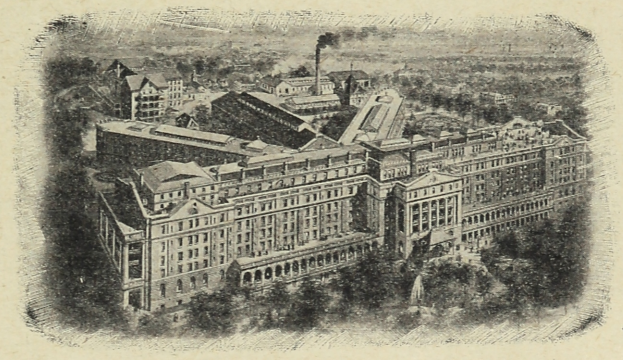


Diagram represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine, whose liquid contents, therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis. In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore, in the direction of the Antiphlogistine. In obedience to the same law exosmosis is going on in this zone, and the excess of moisture is thus accounted for.



Antiphlogistine poultice after application. Center moist. Periphery virtually dry.



An Invitation To Physicians

Physicians in good standing are cordially invited to visit the Battle Creek Sanitarium and Hospital at any time for observation and study, or for rest and treatment.

Special clinics for visiting physicians are conducted in connection with the Hospital, Dispensary and various laboratories.

Physicians in good standing are always welcome as guests, and accommodations for those who desire to make a prolonged stay are furnished at a moderate rate. No charge is made to physicians for regular medical examination or treatment. Special rates for treatment and medical attention are also granted dependent members of the physician's family.

An illustrated booklet telling of the Origin, Purposes and Methods of the institution, a copy of the current *Medical Bulletin*, and announcements of clinics, will be sent free upon request.

THE BATTLE CREEK SANITARIUM

Battle Creek Room 271 Michigan

Ingram & Bell LIMITED TORONTO

Hospital Supplies

Sole Agents for
BRAMHALL DEANE
HIGH PRESSURE STERILIZERS
WAPPLER TRANSFORMERS
and
HIGH FREQUENCY APPARATUS

Our Specialties:

Manufacturers of
HYPODERMIC TABLETS
COMPRESSED TABLETS
ELIXIRS, OINTMENTS, Etc.
FULL LINE OF DRUGS

Our Sundry Catalog awaits your request

A postal requesting quotations will receive immediate attention

IDEAL FOR HOSPITALS

The attention of Hospital Superintendents and Physicians is called to

REFINITE
RIVAL OF THE CLOUDS
TRADE MARK

Nature's Water Softener

In the hospital, Refinite Soft Water makes for the highest economy in the Laundry Department, doubling the life of the linens and preventing the formation of scale in the boilers.

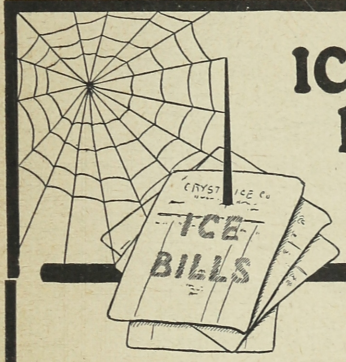
The following Canadian hospitals have thus far been equipped with the Refinite System:

MISERICORDIA HOSPITAL	Edmonton, Alta.
SASKATCHEWAN SANATORIUM	Fort Qu'Appelle, Sask.
SASKATCHEWAN PROVINCIAL HOSPITAL	Battleford, Sask.
PROVIDENCE HOSPITAL	Moose Jaw, Sask.
REGINA GENERAL HOSPITAL	Regina, Sask.
WEYBURN MENTAL HOSPITAL	Weyburn, Sask.
WILLETT HOSPITAL	Paris, Ont.

We will promptly furnish all desired information

THE REFINITE CO. OF CANADA, LTD.
INCORPORATED

Continental Life Building - - Toronto

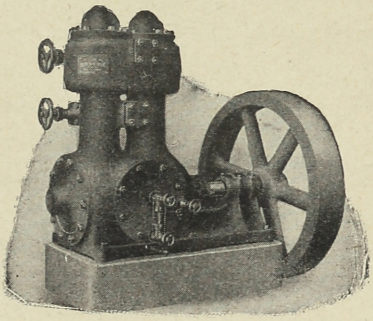


ICE BILLS are RELICS of the PAST

TO USERS OF *York* Mechanical Refrigeration

Ice bills and the worries that go with the iced refrigerator are soon forgotten by the Hospital Staff whose refrigeration is produced by a York Mechanical Refrigerating System.

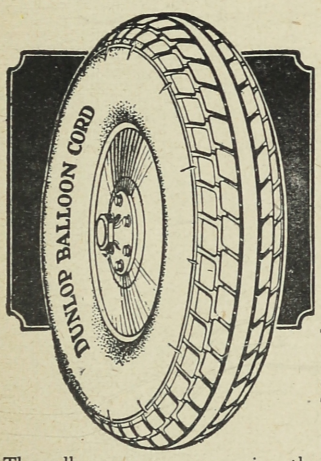
The constant, low temperature produced by Mechanical Refrigeration preserves the foodstuffs placed in the refrigerator in prime condition. York Machines also manufacture economically, the necessary ice for institutional use.



Write us for information and prices

CANADIAN ICE MACHINE COMPANY, LTD.

TORONTO MONTREAL WINNIPEG VANCOUVER



DUNLOP BALLOON TIRES

FOR ALL CARS

The Balloon Tire is the development of the Dunlop Idea of Tire Building so as to increase riding comfort and prolong the life of a car.

There are two types of Dunlop Balloon Tires—

Interchangeable and Small Wheel

Thus all car owners can enjoy the greater comfort, added safety, and pleasure of Dunlop Balloon Tires **right now.**

The **Interchangeable** Balloon Tire is made in various sizes to fit your present wheel and rim equipment without change or additional expense.

The **Small Wheel** Balloon Tire is made to fit the new small-diameter wheels which can be purchased for your present car or secured as equipment on many new cars.

Whatever your Balloon Tire problem is DUNLOP can take care of it for you.

DUNLOP TIRES

Supreme

in those points which make for the utmost in quality and purity of bakery products.

You could travel the whole world over and nowhere would you find a bakery more scrupulously clean, more thoroughly and scientifically equipped than the Ideal bakery.

It has kept apace with science and invention. Improvements that add efficiency and further sanitation always find a place with us. The latest addition—the gas-fired travelling ovens—whereby bread is baked to a nicety without the touch of a human hand is the talk of the trade all over Canada.

It is merely a further proof of the progressive ideals upon which the Ideal baking business has been based. The same high ideal of equipment as we have of quality; for Ideal Bread is made from the finest ingredients possible to be obtained.

Knowing this, physicians can confidently recommend Ideal products to their patients.

Ideal Bread Company Limited

The most progressive baking firm in the Dominion

183-193 Dovercourt Rd., Toronto. Lakeside 4874



Invaluable to Both Hospital Staff and Patients



LIFEBUOY
HEALTH **SOAP**

With its cleanly odour,—its pure velvety lather, Lifebuoy Soap is a necessity that gives the pleasure of a luxury. It performs a double duty:—It thoroughly cleanses the skin and with the aid of its antiseptic and vegetable oils, gives a wonderful healing and tonic effect to the body. For washing all garments that touch the skin, the rich creamy lather from Lifebuoy Soap will produce the most satisfying results.

Grocery stores everywhere sell it

Lever Brothers Limited
Toronto

MERCUROSAL SUBJECTED TO PHYSIOLOGICAL TEST

AFTER every practicable chemical test has shown Mercurosal,* the new anti-syphilitic mercury compound, to be satisfactory, this product is subjected to a test for toxicity on rabbits of standard weight, these animals having been found to yield more definite data than others.

Mercurosal in solution is introduced into the marginal vein of the rabbit's ear at a carefully controlled rate—very slowly depending on the size of the animal. The optimum rate of injection has been determined by numerous experiments, and is an important item in the test.

Our investigators will not pass any batch of Mercurosal that will prove fatal to a 2- to 4-kilo rabbit in a dose of less than 40 to 80 milligrams. The standard is a minimum of 20 to 30 milligrams per kilo.

The margin of safety is impressive. Calculated on the basis of weight alone a toxic dose of Mercurosal for a man weighing 65 kilos (150 lbs.) would be 1.3 gms. or *13 times the recommended intravenous dose.*

By means of the chemical tests we determine the purity of Mercurosal, and from that might be judged its relative freedom from toxicity; nevertheless the physiologic toxicity test is invariably performed as an added precaution.

***Disodiumhydroxymercurisalicyloxyacetate. Contains about 43.5% of mercury in organic combination. Relatively non-toxic and non-irritating. Adapted for intravenous and intramuscular administration in the treatment of syphilis.**

PARKE, DAVIS & COMPANY

An ally of preventive medicine—
KELLOGG'S BRAN

RIGHT in line with the objective of modern medicine is Kellogg's Bran, cooked and krumbled.

It is an ally in preaching the ounce of prevention rather than the pound of cure.

Its purpose primarily, of course, is the relief of constipation. And because it is **ALL BRAN**—not mixed with other elements—it accomplishes the results you expect of it.

Kellogg's Bran is equally valuable in preventing constipation—in keeping the intestinal tract open, and functioning naturally.

It will be eaten regularly, too, on your prescription. Kellogg's Bran has a most appetizing flavor—totally unlike ordinary, unpalatable bran.

We consider it a pleasure to send any physician a full-size package of Kellogg's Bran, without obligation. A request on a postal to the KELLOGG COMPANY OF CANADA, Ltd., London, Canada, is sufficient.



Kellogg's

Look for this signature W. K. Kellogg

the original BRAN—ready to eat